

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1.



U. S. Attorney's Office
Attn: Civil Process Clerk
P. O. Box 197
Montgomery, AL 36101-0197

06445 pet

2. Article Number

(Transfer from service label)

7005 1820 0002 3461 4414

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ AddresseeX Nancy Larn

B. Received by (Printed Name)

C. Date of Delivery

Nancy Larn6/21/06

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes